Name in Full George Buckley

Certificate of Death

Died at Town Rising Sun County Cecil MARYLAND

Date 189 9 Month 8 Day 21 | Age Y. 8 M. — D. | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband ~~or~~ Wife

Father's Name Sarah Keyes

Mother's Name Laurenna Buckley

Cause of Death: Primary Enteric Colitis 82

Immediate Exhaustion

How long sick 10 days

Accident, Suicide, Homicide

Reported by John L. Jenness M.D.

Address R Sun Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full Eliza Campbell

Certificate of Death Almshouse

Died at Town Almshouse County Cecil MARYLAND

Date 1895 Month Aug Day 14 | Age Y. M. D. | Native of | Occupation Housework

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 93

Immediate Peritonitis

How long sick 8 or 10 days

~~Accident, Suicide, Homicide~~

Reported by B Hunsleyer

Address N. Eaton

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Mrs. Hannetta Colvin

Certificate of Death

Died at — Town: Cecilton — County: Cecil — MARYLAND

Date 1899 — Month: 8 — Day: 8 — Age: Y. 39 M. D. — Native of — Occupation

~~Male~~ Female — White — Colored — Married — ~~Single~~ — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — Number of children living 3

~~Husband~~ of Wife — Mrs. Colvin

Father's Name

Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by — Dr. Dyson Reed

Address — 8-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Mrs. Alice Ellsworth Condon

Certificate of Death

Dled at Town Perryville County Cecil MARYLAND

Date 1899 Month 8 Day 15 | Age Y. 35 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced Number of children living 2

~~Husband~~ Wife of Wilson L. Condon

Father's Name John Wroth | Mother's Name

Cause of Death: Primary Cancer 25 g | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Co. News

Address A-16

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Rachel Blackburn Eaton

Died at Town: Warwick — County: Cecil — MARYLAND

Date 1899 Month: August Day: 18 — Age: Y. 60 M. D. — Native of: Md — Occupation: —

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ Single — Widow Widower — ~~Divorced~~ — ~~Number of children living~~

Husband of Wife

Father's Name: Horace M Eaton — Mother's Name: Fannie Piver

Cause of Death — Primary: Dentition — Immediate: Cerebritis — How long sick: 8 days

~~Accident, Suicide, Homicide~~

Reported by: J. F Wright MD

Address: Warwick MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Pearl Fox

Certificate of Death

Died at Town: Port Deposit County: Cecil MARYLAND

Date 1899 Month: Aug Day: 9 | Age Y. 0 M. 05 D. 28 | Native of: Cecil Co. | Occupation: Infant

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of —

Father's Name: Henry L. Fox

Mother's Name: Georgianna Compton

Cause of Death — Primary: Cholera Infantum — How long sick: 2 days

Immediate: —

82

~~Accident, Suicide, Homicide~~

Reported by: D. G. Fisher

Address: Port Deposit, Md.

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Joseph J. Founds. Certificate of Death

Died at Town Conowingo County Cecil MARYLAND

Date 1899 Month 8 Day 20 Age Y. 52 M. x D. x Native of U.S. Occupation Stone Mason

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Joseph Founds. Mother's Name Hannah E Founds

Cause of Death Primary Contusion of Brain How long sick 5 1/2 hrs.

Immediate Paralysis Complete Unknown Accident, Suicide, Homicide

Reported by D M Ragan 152a

Address Conowingo Md — over —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Supposed to have been killed by cars on Port Huron & Columbia RR

Howard Bratton
Secty -

Name in Full — Certificate of Death

Walthall Burton Hartman

Died at Town: Cedar Station — County: Cecil — MARYLAND

Date 1899 — Month: Aug — Day: 6 — Age: Y. 33 M. 11 D. — Native of: Louisiana — Occupation: None

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — Single — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of

Father's Name: Dr Henry B Hartman

Mother's Name: Ann Eliza Burton

Cause of Death — ~~Primary~~ — Immediate: 1161

How long sick

Accident, ~~Suicide or Homicide~~

Reported by: Wm P Dean Coroner

Address

(over)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

An Epileptic Supposed to
have been killed by train
on Baltimore & Ohio R.R.
Interment Elkton Md
Howard Brallier Secty

Name in Full

Certificate of Death

Emma Miller

Died at Town Ridley Park County Cecil MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
8	19	34				

Date 1899

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 3

~~Husband~~ Wife of Harmar

Father's Neme

Mother's Name

22a

Cause of Death { Primary: Consumption

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Cr. News 8-28

Address

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

John A. T. Owens

Died at Town Perryville County Cecil MARYLAND

Date 189 9 Month 8 Day 31 | Age Y. 64 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

Husband of Wife Margaret Huggins

Father's Name

Mother's Name

Cause of Death { Primary Heart disease 57 | Immediate dropsy

How long sick

Accident, Suicide, Homicide

Reported by Republican 9-2

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Perryville M. E. Church
Rev. Geo. Dawson
" Mr. Hoover

Name in Full

Certificate of Death

Ernest Raymond Ray

Died at Town Port Deposit County Cecil MARYLAND

Date 1899 Month Aug Day 7 Age Y. 0 M. 0 D. 10 Native of Md. Occupation Infant

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Ray

Mother's Name Lottie Flahart

Cause of Death Primary Diarrhoea 83

Immediate

How long sick 2 days

~~Accident, Suicide, Homicide~~

Reported by S. G. Fisher

Address Port Deposit, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full William Rolfe

Certificate of Death

Died at Town 1st Dist. County Cecil MARYLAND

Date 189 9 Month 8 Day 4 | Age Y. 60 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 8

Husband of Wife

Father's Name

Mother's Name 44

Cause of Death: Primary Paralysis of brain | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Cecil Dun.

Address 8 12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Lilly Shafer

Died at — Town: ~~Elkton~~ 3rd Dist. — County: Cecil — MARYLAND

Date 189 9 — Month: Aug — Day: 20 — Age: Y. – M. 5 D. — Native of: U.S.A. — Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ / Number of children living

Husband / Wife of —

Father's Name: Wm Shafer — Mother's Name: Mary Bonideau

Cause of Death — Primary: Gastro-Enteritis — How long sick: 10 days

Immediate: — 82 — ~~Accident, Suicide, Homicide~~

Reported by: Jno. W. Cooper Jr M.D.

Address: Elkton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65008

Name in Full Hannah Simmons

Certificate of Death

Died ~~at~~ near Town Perryville County Cil MARYLAND

Date 1899 Month Aug Day 7 Age Y. 28 M. D. Native of Md Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of George L. Simmons

Father's Name John Shum Mother's Name Mary Shum

Cause of Death Primary Pernicious Anaemia How long sick 2 weeks

Immediate Exhaustion 32 ~~Accident, Suicide, Homicide~~

Reported by H E Cameron

Address Port Deposit Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Wm. H. Terry

Certificate of Death

Town County

Died at near Rising Sun Cecil MARYLAND

Date 189 9 Month 8 Day 7 | Age Y. 66 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name Upton Terry

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Cecil Dem.

Address 8-12

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full — Certificate of Death

Mary Marguerite Vincent

Died at — Town: Elkton — County: Cecil — MARYLAND

Date 189 9 — Month: August — Day: 28th — Age: Y. 6 M. D. — Native of: Md. — Occupation: —

~~Male~~ Female — White — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: —

Husband of Wife —

Father's Name: Howard Vincent — Mother's Name: Fannie Vincent

Cause of Death — Primary: Indigestion 82 — How long sick: Two Weeks

Immediate: Cholera Infantum — ~~Accident Suicide Homicide~~

Reported by: H. P. Hinchliffe.

Address: Elkton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full | Certificate of Death

Elenora Wanamaker

Died at Town: Warwick County: Cecil MARYLAND

Date 1899 Month: Aug Day: 15 Age Y. 11 M. . D. . Native of: Md Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: William Wanamaker Mother's Name: Mary J Moore

Cause of Death: Primary: Pneumonia 72 How long sick: Aug 1 Octa

Immediate: Abscess of Lung ~~Accident, Suicide, Homicide~~

Reported by: J J Wright MD

Address: Warwick Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mary Elizabeth Wiley

Certificate of Death

Died at Town Colora County Cecil MARYLAND

Date 189 9 Month Aug. Day 7 Age Y. 78 M. 11 D. 26 Native of Maryland Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of William Wallace Wiley

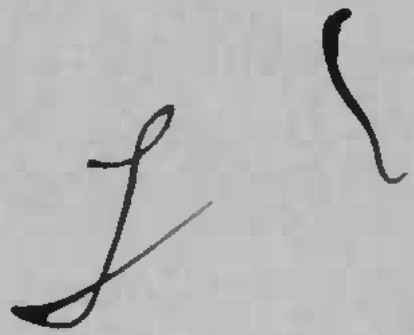
Father's Name Wm Tosh Mother's Name Eleanor Tosh

Cause of Death Primary Inflammation of bowels How long sick 8 3

Immediate " " Accident, Suicide, Homicide

Reported by R R Crothers MD

Address Colora Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069